

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
Post Office Box 29570  
Richmond, Virginia 23242-0570  
(804) 367-8595  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**Board for Asbestos, Lead, and Home Inspectors  
HOME INSPECTOR EXPERIENCE VERIFICATION FORM**

**Experience Verification:** To be completed by the applicant and signed by the supervisor or other individual familiar with the applicant's work and job duties.

Experience obtained during any time that you were **self-employed** may be verified by attaching a detailed list of home inspections you have completed.

1. Applicant's Name \_\_\_\_\_  
First Middle Last Generation  
(SR, JR, III)
2. Social Security Number \* 

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3. Date of Birth \_\_\_\_\_
4. Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
5. E-mail Address \_\_\_\_\_
6. Telephone & Facsimile Numbers ( ) - ( ) - ( ) -  
Telephone Facsimile Beeper/Cellular

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*You may duplicate this form to accommodate all your references.*

Employer \_\_\_\_\_  
Employer's Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone & Facsimile Numbers ( ) - ( ) -  
Telephone Facsimile

Name of Experience Reference/Supervisor \_\_\_\_\_  
Reference/Supervisor's Address \_\_\_\_\_  
Reference/Supervisor's Telephone Numbers ( ) - ( ) -  
Telephone Facsimile

Applicant's Job Title \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Number of Home Inspections Completed \_\_\_\_\_  
Reference/Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.